


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90004 030 ****61.25

DOCUMENT # 708303 1. Entity Name CRYSTAL LAKE MOBILE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 9301 49 STREET NORTH PINELLAS PARK, FL 33782 US			Mailing Address 93214 1ST STREET PINELLAS PARK, FL 33782 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01312008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 70-8303621	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, DONALD 93214 1ST STREET PINELLAS PARK, FL 33782				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNESTAUT, JOAN 93181 3RD ST PINELLAS PARK, FL 33782	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KNESTAUT, JOAN 93181 3RD STREET PINELLAS PARK, FL 33782	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	YOUNG EJ 93143 4th ST. PINELLAS PARK FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CATRON, CLARENCE 93207 1ST STREET PINELLAS PARK, FL 33782	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	LESSA JOSEPHINE 93116 4th ST. PINELLAS PARK FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITE, BILL 93077 5TH STREET PINELLAS PARK, FL 33782	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, DONALD 93214 1ST STREET PINELLAS PARK, FL 33782	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tidd DONALD 93188 2nd ST. PINELLAS PARK FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Donald E Tidd</u> DONALD E Tidd					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date: <u>Feb. 6, 2008</u> Daytime Phone # <u>727 2307006</u></small>					

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Document Number 708303

Business Entity Name CRYSTAL LAKE MOBILE HOMEOWNERS' ASSOCIAT
INC.

FEI Number 70 - 8303621

FEI Number Status ☐ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status Desired ☐ Yes ☐ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☐ No

Principal Place of Business

Address

9301 49 STREET NORTH

(PO Box no

acceptable)

Suite, Apt. #, etc.

City, State

PINELLAS PARK

FL

Zip Code &
Country

33782

US

Mailing Address

If your mailing address is the same as the principal address above, please
the box below. Otherwise, enter your mailing address.☐ Mailing address same as principal address

Address

93188-2nd STREET

Suite, Apt. #, etc.

City, State

PINELLAS PARK

FL

Zip Code & Country

Name And Address of Registered Agent

Name (Last, First,
Middle, Title)

- OR -

Business to serve as
RAStreet Address In
Florida

(PO Bo)

Suite, Apt. #, etc.

City, State

Zip Code & Country

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature *Donald E. Tidd*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address

Name And Address #1

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

ATTACHMENT

Name And Address #2

Title

1-VP

Name (Last, First, Middle, Title) YOUNG

ED

- OR -

Entity Name to serve as
Officer/Director

Street Address

93143-4TH STREET

City, State

PINELLAS PARK

FL

Zip Code & Country

33782

Name And Address #3

Title

2-VP

Name (Last, First, Middle, Title) LESSA

JOSEPHINE

- OR -

Entity Name to serve as
Officer/Director

Street Address

93116-4ST STREET

City, State

PINELLAS PARK

FL

Zip Code & Country

33782

Name And Address #4

Title

S

Name (Last, First, Middle, Title) WHITE

BILL

- OR -

Entity Name to serve as
Officer/Director

Street Address

93077 6TH STREET

ATTACHMENT

City, State

PINELLAS PARK

FL

Zip Code & Country

33782

40026445
708303

Name And Address #5

Title

T

Name (Last, First, Middle, Title)

TIDD

DONALD

E

- OR -

Entity Name to serve as
Officer/Director

Street Address

93188- 2ND STREET

City, State

PINELLAS PARK

FL

Zip Code & Country

33782

Name And Address #6

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

TRES

Officer/Director Signature

Donald E. Tidd

This signature must be that of the individual "signing" this document